



South Carolina Department of Insurance
1201 Main Street Suite 1000
Columbia, SC 29201

Mailing Address
P.O. Box 100105
Columbia, SC 29202

Business Entity Owners, Partners, Officers & Directors Addition/Termination Request Form

- This form should be emailed to agentmail@doi.sc.gov.
- Digital signatures will not be accepted.
- **This form should be signed by an owner, officer, or director for the agency.**

Agency Name _____

Agency NPN _____ OR FEIN _____

NAME	DESIGNATION	OWNER (yes or no)	% OWNED (if yes)	ADD	TERMINATE

Signature _____

